



PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

|                        |                         |
|------------------------|-------------------------|
| Application Number     | 09/862,678              |
| Filing Date            | 05/22/2001              |
| First Named Inventor   | Reginald Bernard Little |
| Art Unit               |                         |
| Examiner Name          | Peter Lish              |
| Attorney Docket Number |                         |

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

☒Firm or  
Individual Name

Dr. Reginald Bernard Little

Address

308 Great Lakes St

Address

City

Tallahassee

State

Fla

ZIP

32305

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☒

Applicant/Inventor.

☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed  
Name

Dr. Reginald Bernard Little

Signature

Dr. Reginald Bernard Little

Date

April 5, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

\*Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

APR 18 2003

GROUP 3600

RECEIVED  
APR 14 2003  
TECHNOLOGY CENTER 2800RECEIVED  
APR 29 2003  
GROUP 1700RECEIVED  
APR 14 2003